



# MICHIGAN RADIOLOGICAL SOCIETY

Good afternoon, Mr. Chair and Committee members. My name is Joe Junewick. I am the President of the Michigan Radiological Society, a professional organization whose purpose is to advance the science of radiology and promote the betterment of patient care. I am also a partner in Advanced Radiology Services PC, providing radiological services in Grand Rapids, Lansing, Holland, Kalamazoo, Battle Creek and many smaller towns like Reed City, Greenville, Fremont, South Haven, and Zeeland.

I graduated from Creston High School in 1979 and began 15 years of non-stop education and training before treating my first patient – for me it was 4 years of college, a year of graduate school, 4 years of medical school, a year of medical/surgical internship, 4 years of radiology residency and a year of pediatric radiology fellowship.

Thank you for allowing me to testify on this important legislation. I am testifying on behalf of my profession, representing the Michigan Radiological Society. While our Society appreciates the goals of SB 68, we respectfully and strongly oppose the bill as written. Our opposition stems from six major areas of concern:

First, SB 68 equates the training and experience of an Advanced Practice RN with a physician by allowing APRNs to practice independently of physician oversight. The 6 years of education and training of an APRN is half of what most physicians obtain and hardly equal. This bill will create a non-transparent double standard of healthcare.

Second, the provision on page 24, line 21 grants APRNs the authority to order, perform, supervise and interpret imaging studies. This is troubling because without qualification SB 68 allows APRNs to engage in the full practice of radiology (x-ray, ultrasound, computed tomography, magnetic resonance, mammography, positron emission tomography and image-guided interventions). The skills necessary to competently conduct, supervise and interpret imaging tests take years of study and experience, overseen by others accomplished in the field. APRNs do not have the background in physics, radiation protection, imaging safety or examination protocol – let alone interpretation.

Third, a stated goal of SB 68 is to increase access to primary care. Radiology is not primary care. Rather, radiology has long been recognized as a medical specialty which has become subspecialized – including my own pediatric radiology, women's imaging, neuroradiology, oncologic imaging, emergency radiology, and interventional radiology to name a few. None of the witnesses who testified last week ever addressed the qualifications of APRNs to practice radiology. Yet this capacity for subspecialized medical care is legislated in the bill.

Fourth, expanding the scope of practice to conduct, supervise and interpret imaging will increase health care costs. Utilization of ancillary testing by non-physician providers is increased compared to primary care physicians. As written, SB 68 with its unsupervised ordering by APRNs will lead to increase in overall costs.

Fifth, as presently worded APRNs can practice medicine with the parameters of their education, training or certification. Radiology is not within those parameters but APRNs are specifically allowed to practice radiology in the bill (page 24) without objective criteria to prove competency or safety pertaining to radiology. The ability of APRNs to practice radiology should be removed.

Finally, APRNs and all health care professionals should work as a team. Creating a class of practice independent and separate from physician oversight removes an important safety net for patients.

I strongly recommend that the committee be open to modification of SB 68 such that:

- 1) Remove capacity of APRNs to practice subspecialty medicine, in particular radiology.
- 2) Acknowledge the differences in training and education in regard to hierarchical oversight, consumer transparency and utilization costs.
- 3) Specifically address primary care access issues in underserved areas.

Thank you for giving me the opportunity to express the views of the Michigan Radiological Society on this important legislation.